

## April is National Minority Health Month



### Immunization disparities exist in Michigan

While the overall goal of National Minority Health Month is to promote healthy nutrition, the Immunization Disparities Workgroup would like to highlight the differences in immunization coverage between race and ethnicity. Immunization disparities are significant differences in vaccination coverage for a specific population as compared to the general population.

The information below is based on Michigan Care Improvement Registry (MCIR) data for 4 DTaP; 3 Polio; 1 MMR; 3 Hib; 3 HepB; 1 Varicella; and 4 PCV among children 19-35 months of age, as of 12/31/2010. The overall rate of completion for the general population was 68.3%.

Statewide coverage by mother's race/ethnicity is as follows:

<b>By Race:</b>		<b>By Ethnicity:</b>	
African American	64.1%	Arabic	75.5%
American Indian	71.2%	Hispanic	78.5%
Asian / Pacific Islander	71.1%		
White	72.1%		

For additional information go to [Immunization Disparity Resources](#) under *Provider Information* at [www.michigan.gov/immunize](http://www.michigan.gov/immunize).

### Racial and ethnic disparities in adult immunizations

According to [2009 National Health Interview Survey](#) results, significant adult immunization disparities exist in the U.S. To highlight a few of these disparities: non-Hispanic whites 65 years of age and older (64.9%) were more likely to receive pneumococcal vaccine than non-Hispanic blacks (44.8%) and Hispanics (40.1%). Non-Hispanic whites were also more likely to have received HPV vaccine (20%) and zoster (shingles) vaccine (11%) than non-Hispanic blacks (13% and 4% respectively), and Hispanics (13% and 5% respectively). However, no differences in hepatitis B vaccination coverage were observed between non-Hispanic whites and blacks 19-49 years of age, and the largest gain (13.6 percentage points) was seen for hepatitis B vaccination among non-Hispanic blacks. Overall, great strides have been made to close racial and ethnic gaps, but some significant vaccination disparities continue to exist among whites, blacks and Hispanics. For more information on vaccines adults need, visit <http://adultvaccination.org/>

### Measles activity is in the news

Measles activity has increased worldwide and within the U.S. in recent months, including one case to date in Michigan related to exposure in Florida.

The April 8 issue of CDC's Morbidity and Mortality Weekly Report (MMWR) contained two articles concerning measles, and links to these articles are provided below.

In addition, [CDC prepared key points for the content of the articles](#). These key points may assist you in answering questions from and conveying messages to providers, media, parents, and others.

MMWR April 8, 2011 Vol.60/No. 13 - Measles articles:

- [Measles Imported by Returning U.S. Travelers Aged 6--23 Months, 2001--2011](#)
- [Notes from the Field: Measles Outbreak--Hennepin County, Minnesota, Feb--March 2011](#)

### National Infant Immunization Week is coming up April 23-30

National Infant Immunization Week (NIIW) will be celebrated April 23-30. The theme for NIIW is "Love them. Protect them. Immunize Them." Visit the [NIIW web page](#) for planning and evaluation resources, public relations materials, and communication campaign materials. Tell CDC about your event by using the [NIIW Activity Form](#).

### Three webinars offered on April 21

The following trainings are all scheduled on April 21:

- [CDC Addresses Parents' Immunization Concerns](#)  
12 noon – 1:30 pm; Advance pre-registration required.
- [CDC Current Issues in Immunization: General Recommendations for Combination Vaccines](#)  
12 noon – 1 pm; webinar is filled, but archived copy will be available soon.
- [Teens, Tweens, Parents & Vaccines: Applying Research to Enhance Professional/Family Dialogue](#)  
12 noon – 1 pm; Advance pre-registration required.

Pre-registration is required for all of these webinars and space is limited. All of these webinars will be archived, so you will be able to view them after April 21.

### [If Not for You video: The face of pertussis](#)

The St. Clair County Health Department has developed a video that tells the story of a St. Clair County family who lost an infant to pertussis. Please share this video with parents so they know signs of pertussis to watch for, and to help raise awareness of the need for vaccination against whooping cough.

We are grateful that Justine Springborn has been willing to share her story, in the hopes that other parents will not have to suffer through the loss of a child to pertussis. We would also like to thank the St. Clair County Health Department for sharing this important story and for developing this very helpful tool.

This story is also a compelling reminder of the need for health care professionals to receive the Tdap vaccine themselves.

*Have you received the Tdap vaccine yet?*

- [If Not for You video](#)
- [MDCH pertussis webpage](#)

### **Immunizations for health care providers**

- [The Healthcare Personnel Vaccination Recommendations](#) handout from IAC has been updated for Tdap vaccine.
- On March 28, [the American Nurses Association \(ANA\) announced that it is leading a coalition](#) of nine nursing, pediatric, and physician professional societies in urging broader vaccination to protect infants from pertussis, including vaccination of all health care professionals. [Professional societies' advisory letter, which includes a pertussis vaccine dosing guide](#)

### [Nurses Have the Power to Protect PSA](#)

This PSA serves as a reminder for nurses and the public to stay up-to-date with their immunizations to prevent disease outbreak, particularly seasonal influenza and Tdap (tetanus, diphtheria, and pertussis) vaccines. The increase in pertussis cases and recent pertussis-related infant deaths in California highlight the importance of teens, adults, and health care workers getting a one-time dose of Tdap vaccine.

### **ACIP provisional Tdap recommendations published**

The new [ACIP Provisional Recommendations for Health Care Personnel on use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine \(Tdap\) and use of Postexposure Antimicrobial Prophylaxis](#) have been published.

### **HHS launches new website**

A new website, [www.vaccines.gov](http://www.vaccines.gov), was launched recently to help parents and other consumers learn about the most effective ways to protect themselves and their children from infectious diseases and learn about immunization.

### [Michigan Immunization Timely Tips](#) (MITT)

MITT is posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize), under the Provider Information section. Please email questions or comments to Rosemary Franklin at [franklinr@michigan.gov](mailto:franklinr@michigan.gov).

### **Meningococcal conjugate vaccine recommendations updated**

Protecting adolescents aged 16 through 21 years when meningococcal disease rates peak was the intent of the 2005 ACIP recommendations. However, post-licensure data has shown that the vaccine may not be effective for more than 5 years.

The [January 28, 2011, issue of the MMWR](#) includes updated recommendations for meningococcal conjugate vaccines (MCV4), Menveo and Menactra, for adolescents and certain high risk persons known to have a suboptimal response to a one-dose primary series. The updated recommendations address the following:

- Routine vaccination of adolescents at age 11 or 12 years, with a booster dose at age 16 years (includes guidance on catch-up at age 13-18 years and for college students age 19-21 years)
- Guidance on persons aged 2 through 55 years with persistent complement component deficiency (e.g., C5-C9, properdin, factor H, or factor D) and functional or anatomic asplenia, and for adolescents and adults with human immunodeficiency virus (HIV) infection who have an additional risk factor (e.g. adolescent, travel)
- Recommendations for other persons at high risk (e.g., microbiologists, or travelers to endemic areas) to receive a one-dose primary series with revaccination if risk persists were not changed

### **Quick Look handouts**

The Michigan Department of Community Health (MDCH) has updated its *Quick Look at Using MCV4 Vaccine* handout. *Quick Look* handouts are summaries of the latest ACIP recommendations, and are available for more than a dozen vaccines. *Quick Looks* are posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) > Provider Information > Quick Looks.

### **2011 AIM provider toolkits available**

The Alliance for Immunization in Michigan (AIM) Provider Tool Kit is updated annually to help providers stay knowledgeable about important changes that affect immunization practice. The 2011 AIM Kits are now available, free of charge, at: [www.healthymichigan.com](http://www.healthymichigan.com) > Immunizations.

The 2011 kits were made possible through the generous donations of about a dozen Michigan-based health care organizations, and we wish to thank these benefactors. The AIM Kit sponsors' names are listed at [www.aimtoolkit.org](http://www.aimtoolkit.org) (scroll to bottom of page for list of names).

To find out how your organization can become a sponsor of next year's AIM Toolkit, please contact Caryl Markzon [CMarkzon@msms.org](mailto:CMarkzon@msms.org).

### **Announcing the 2011 fall immunization conferences**

MDCH is pleased to announce the dates for the [2011 Fall Regional Immunization Conferences](#):

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|-----------------------|--------------------------|
| - Oct. 5 - E. Lansing | - Oct. 6 - Dearborn      |
| - Oct. 18 - Gaylord   | - Oct. 20 - Marquette    |
| - Nov. 1 - Bay City   | - Nov. 2 - Troy          |
| - Nov. 9 - Kalamazoo  | - Nov. 10 - Grand Rapids |

We are still in the planning stages for these conferences. The registration process will begin in August. As more details become available, they will be posted at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (under Provider Information). A [Save the Date flyer](#) is also posted on our website. Stay tuned!